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ABSTRACT

Parents and professionals are increasingly working together to serve handicapped children; however this partnership is often marred by conflict. Most explanations for the conflict emphasize the psychological and attitudinal characteristics of individuals. Although this explanation has some validity, it precludes identification of the more basic disjuncture rooted in the interactional process. While partnership implies equal status, parent-professional interactions are clearly an example of a power-dependence relationship, i.e., professional dominance and parental subordination. To incorporate parents as true partners it is necessary to address this basic structural inequality. The formation of parent coalitions, allowing parental influence on professionals' career prospects, can restore the balance between professionals and parents and allow effective parent-professional collaboration. Any consideration of the complexities involved in the dynamics of parent-professional interaction must begin with a recognition of this basic relationship structure. (MCF)

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PARENTS ON THE TEAM: STRUCTURAL BARRIERS TO IMPLEMENTATION IN THE TREATMENT OF HANDICAPPED CHILDREN*

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PARENTS ON THE TEAM: STRUCTURAL BARRIERS TO IMPLEMENTATION IN THE TREATMENT OF HANDICAPPED CHILDREN

Introduction

During recent years, parents and professionals increasingly are being encouraged to work together as a team in serving handicapped children (e.g., Schopler and Reichler, 1971; Turnbull, 1978; Brown and Moersch, 1978; Scheiner and McNabb, 1980). This emphasis upon parent-professional partnership is based, in part, upon evidence that parents can positively affect their children's development through teaching them at home (e.g., Baker and Heifetz, 1976; Denhoff and Hyman, 1976; Wiegerink and Parrish, 1976) and the encouraging results of early intervention in contributing to optimal development of children with moderate and severe handicaps (e.g., Hayden and Haring, 1976; Donovan and Scheiner, 1980). Moreover, such a stance reflects the realization that parents often have a better overall understanding of their particular child than most professionals can accomplish (e.g., Scheiner and McNabb, 1980). Finally, in some situations, the active role of parents in planning and programming for their children is legally mandated by Federal Public Law 94-142, the Education for All Handicapped Children Act, enacted in 1975.

While the concept of parent-professional collaboration is generally viewed as a positive and exciting development, translating the concept into a meaningful reality is another matter. Regardless of the rationale or legal mandate underlying the incorporation of parents into all facets of the provision of services to their

children, parent-professional interactions are still marred by friction and sometimes overt conflict. This friction clearly mitigates against development of a working team relationship and, as such, requires careful analysis if we are to move toward implementation of the concept of parents on the team.

The conflict between parents and professionals is not a new phenomenon; it has been discussed and analyzed extensively (e.g., Turnbull and Turnbull, 1978). To date, most explanations for the ongoing conflict typically rely upon delineation of the psychological and attitudinal characteristics of individual parents and professionals in the interaction. Parents have been variously described as emotionally maladjusted, irrational, overprotective, unrealistic, uncaring, and/or unaccepting, depending upon the specific conflict in question (e.g., Gliedman and Roth, 1980; Schulz, 1978; Cansler, Martin, and Valand, 1975); while professionals have been characterized as oppressive, insensitive, uncaring, intimidating, aloof, and incompetent (e.g., Darling, 1979; Turnbull and Turnbull, 1978; Pieper, 1977; Voysey, 1975).

The reliance upon psychological attributes to explain past and current difficulties between parents and professionals in the treatment of handicapped children may have some validity. However, emphasis upon these factors precludes closer scrutiny of the situation to identify the basic, underlying disjunctures. Indeed, it is quite likely that the labels currently being affixed to parents and professionals are outcomes othe conflict rather than explanatory precursors (see, e.g., Scritchfield, 1981).

It is my contention that the conflict between parents and professionals is not based upon individual orientations brought to the interaction by the actors, but, rather, the key obstacles to effective parent-professional interaction are inherent in the social structure of the situation as it is carried out in our society. Thus, any attempt to form a team relationship between these two groups requies an elaboration of these obstacles.

The purpose of this paper is to provide, in a preliminary fashion, such an elaboration and discuss avenues for possible amelioration. No claims are made that the following discussion is exhaustive of all such obstacles. Rather, the paper represents an attempt to explore some of the key obstacles and their implications for implementation of the concept of incorporating parents as team members. However, prior to examining these problems, it is necessary to first consider the concept of true partnership between parents and professionals in terms of its key components and implications. These dimensions may then be juxtaposed against the structure of the interactional situation to evaluate the full nature of the problem.

Parents on the Team: Delineation of a Concept

What does the concept of parents on the team entail and imply? A number of authors have addressed this issue at length (e.g., Roos, 1978; Brown and Moersch, 1978; Turnbull, 1978; McAfee and Vergason, 1979; Scheiner and McNabb, 1980) and the role suggested for parents is a multi-faceted one. It includes input and involvement in all aspects of their children's treatment, from diagnosis and evaluation to program planning and implementation. Furthermore, this involvement is not perceived as a passive role in which parents merely are

kept informed of plans to which they give their approval. Rather, the role advocated is one of active participation in all phases, with parents making real contributions.

This stance is based upon the recognition that parents are important members of the team both in terms of the information they can provide and their roles as implementers within the home. Scheiner and McNabb (1980; 192) describe the importance of parental involvement as follows:

> . . . The parents are unquestionably the most important members of the habilitation team. Not only do they provide the necessary manpower to make a program successful, but they also provide ongoing observations to develop and change the strategies of effective programming. They observe the child in a variety of free-field situations that are not cluttered with strangers or with the restrictive effects of a new and threatening environment. This day-to-day role places the parent in the unique position of having the best understanding of the needs of the child and the family.

Clearly, persons advocating for the role of parents as team members perceive that role as crucially important to decision-making with regard to handicapped children.

The centrality of the parent role is further recognized and mandated in Public Law 94-142, which asserts that parents have a basic right to active participation in their child's educational plan, including educational and medical diagnosis and evaluation. Turnbull (1978: 462) states that the implications of this mandate:

> . . . are tremendous. This requirement brings parents to the forefront in specifying what constitutes an appropriate curriculum for their child. . . . The IEP (Individualized Educational Plan) provides an opportunity for parents to state what they want for their child. . . .
>
> In addition to helping specify curriculum objectives, ... parents (can) request services they believe their child needs, share relevant information on the child's functioning at home. . . , participate in making the placement decision, and specify what type of responsibility they are willing to assume in (implementation).

Clearly, the role of parents is to be bona fide team members, full participants in all facets of the delivery of services to their children.

Implied in this attribution of roles and qualities to parents is the assumption that they will be perceived and accepted as equal members of the treatment or educational team. Indeed, it has been suggested that some semblance of equality is a necessary precondition for the development of true parent-professional collaboration (e.g., Schulz, 1978). Gliedman and Roth (1980: 145) express this necessity as follows:

> . . . before a partnership can exist, there must be give-and-take, mutual respect, and something like moral and cultural equality. Both the parent and the professional must attempt tc understand the other's point of view, special moral concerns, and culturally determined priorities for the child. Both must relate to each other as adults who possess complementary expertise and responsibility for the child.

This emphasis on parents having equal status with professionals is obviously of central importance if parents are to assume active, contributory roles in the development of plans for their children. Without such status, their roles as team members are undermined and their contributios relegated, at best, to that of a "junior partner" (McAfee and Vergason, 1979).

But, is this the case? Are parents and professionals equal participants in the development of treatment or educational plans for handicapped children? It would appear that the answer to that question must be, "No." In reality, parent-professional interactions, in spite of admonitions to the contrary, are clearly situations of professional dominance and parental subordination.

Thus, there is a fundamental obstacle to the implementation of the concept of parents on the team--the inequality of the parent-professional relationship. Furthermore, it is my contention that this state of affairs is not a matter of individual dispositions of parents or professionals, but, rather. is the outcome of a structural situation which fosters differential position within the interaction. It cannot be overcome by mere injunctions to respect and accept each other as equals. In other words, the structure of parent-professional relationships as they are constructed in our society are inherently unequal and any attempts to alter those relationships must address that structure or in all likelihood prove futile.

In particular, I would suggest that the relationship between parents and professionals may be best understood as a classic example of power-dependence relationships (Emerson, 1962) and any attempt to change the relationships between these two groups will need to address the dynamics of this exchange. To understanding the reasoning behind such a stance, it is necessary to first consider the basic characteristics of power-dependence relations and then to discuss the way in which such a characterization captures the essence of the interaction between the parents of handicapped children and professionals.

Power-Dependence Relations: A Brief Outline

According to Emerson (1962), power is a property of a social relationship and the power of one actor (A) over another (B) derives from B's dependency upon A to provide something B needs or desires.

The dependency of B on A is a function of two factors (Emerson, 1962: 32): (1) the motivational investment B has in the goal mediated by A, and (2) the availability of other avenues for meeting that goal. In other words, the more actor B needs or wants something requiring A's facilitation or cooperation and the fewer the available alternatives for accomplishing this goal, the more dependent B is upon A. The more dependent B is upon A, the more power A has over B.

Specifically, Emerson points out (1962: 33) that the "power of A over B is equal to, and based upon the dependence of B upon A." Likewise, the power of B over A is equivalent to the dependence of A upon B. Emerson (1962: 33) symbolizes this exchange of power and dependence in the following manner:

Pab (Power of A over B) = Dba (Dependence of B on A)
Pba (Power of B over A) = Dab (Dependence of A on B)

From the foregoing, it is possible to suggest two major types of power-dependence relationships between actors A and B. First of all, the power of actor A over B may be met with equal power of actor B over A (implying equal mutual dependence). This relationship is referred to by Emerson as a balanced relation and may be symbolized as follows:

$$\begin{array}{ccc} Pab & = & Dba \\ \| & & \| \\ Pba & = & Dab \end{array}$$

Alternately, a relationship between A and B may be unbalanced in the sense that actor B is more dependent upon actor A than A is upon B. Therefore, actor A has a power advantage over B and is in a position to dominate the relationship. Again, this situation may

be symbolized as:

$$Pab = Dba$$
$$Pba = Dab$$

In this situation, actor B achieves his/her goal by having to subordinate him/herself to the will of A. This subordination assumes, of course, that actor B has a high motivational investment in the goal in question and is faced with few or no alternative means of achieving the goal.

Now that we have considered the basic dimensions of power-dependence relationships, it is necessary to consider how this abstract scenario relates to the interaction between parents of handicapped children and professionals involved in the delivery of services to such children. The next section of the paper provides such an elaboration.

Parent-Professional Interaction as Unbalanced Power-Dependence

In a very real sense, the relationship between professionals and parents of handicapped children may be depicted accurately as unbalanced power-dependence. To see how this is the case, we need only to contrast the key dimensions of this interaction with the requisite patterning for such a power-dependence relationship.

First of all, it may be suggested that the parents of handicapped children are indeed very dependent upon professionals for services relating to the current and future welfare of their children. Their dependency in the situation is fostered by both the depth of their motivational investment in the child's future and the relative lack of available alternatives for meeting the special needs of their

child. Regarding the former, it is assumed that, in general, parents as a group are highly committed to their child's well-being. In the case of the latter, it is a basic characteristic of the service delivery system that professionals maintain a virtual monopoly over access to and provision of relevant services (Gliedman and Roth, 1980). The juxtaposition of these two factors means that, in most cases, parents desperately need the many kinds of help that only professionals can provide and, thus, are in the position of acceding to the power of the professionals upon whom they depend.

What about the other side of the coin? For a power-dependence relationship to be unbalanced, the dependence of the professional, and concomitantly the parent's relative power over the professional, should be substantially less than in the reverse situation. It requires little imagination to see that this is most likely the case. Most professionals do not need nor necessarily want goals mediated or facilitated by parents of handicapped children. Their motivational investment in the situation is likely to be significantly smaller and their access to available alternatives (i.e., other parents) is significantly greater so as to minimize their dependence on a particular set of parents.

Support for the foregoing assertions regarding the asymmetric nature of this power-dependence relationship is provided by Gliedman and Roth (1980: 149) in their depiction of the interaction between parents and professionals:

> . . . in most of these encounters the parent needs the professional far more than the professional needs any one parent. The parent's concerns are concentrated on one handicapped child, the professional has many children as clients and in almost no instance does his emotional commitment to a specific child come near the parent's.

> Handicap services are poorly organized, expensive, hard to find. For the parent, merely finding the threshold of the professional's office requires inordinate time, money, and hard work. Professionals don't seek out parents; professionals are sought out, sought after, and treated with great care lest the parent find himself turned away from the threshold and forced to start the exhausting process anew.

Clearly, what the authors describe is consistent with definitions of unbalanced power-dependence.

The structure of this situation has far-reaching implications for attempts to incorporate parents as team members in the treatment or education of their handicapped children. As noted previously, the concept of parent-professional collaboration is based primarily upon equal status in the structure of the interaction. Yet, the structure of the situation is inherently asymmetrical as a function of the differential dependence of parents on professionals. Insofar as this asymmetry is maintained, the prognosis for the implementation of parents as true partners is quite bleak.

Yet, is the current structure of parent-professional interaction immutable or is it subject to change? And, if it can be changed, how might these changes be accomplished? In order to consider these questions, it is necessary to return to Emerson's (1962) elaboration of general power-dependence relations and examine the implications of that discussion for parent-professional relationships.

Unbalanced Relations: Mechanisms for Balancing

In his discussion of unbalanced power-dependence relations, Emerson (1962) suggests that unbalanced relationships are inherently instable. This instability is attributed to the fact that situations characterized by asymmetrical dominance-subordination are extremely

"costly" for the subordinate party attempting to meet the demands of the dominant party. This characterization quite aptly applies to the situation of parents, who consistently report the intimidation and demoralization they feel in their interaction with professionals (e.g., Gorham, Des Jardins, Page, Pettis, and Scheiber, 1975).

If unbalanced power-dependence relations are unstable and subject to movement toward balance, how may this balancing of relationships be accomplished? According to Emerson (1962), there are four types of balancing operations. Two are based upon decreasing the dependence of the most dependent party (i.e., parents) and two serve to increase the dependence of the least dependent party (i.e., professionals). Specifically, the following changes in the relationship serve to move the distribution of power and dependence toward an equilateral pattern (Emerson, 1962: 35):

1. If B (the more dependent party) reduces motivational investment in goals mediated by A;
2. If B cultivates alternative sources for gratification of those goals;
3. If A (the less dependent party) increases motivational investment in goals mediated by B;
4. If A is denied alternative sources for achieving those goals.

If we consider the four options for balancing unbalanced relations, it appears that only the latter two of these are viable options to consider in the situation of parent-professional interaction. The first two options would involve decreasing parental dependence on professionals by either decreasing the motivational investment in the child's welfare or by cultivating alternative sources of professional assistance. The first is an unlikely

occurrence for most parents who are committed to their child and his/her well-being, although there are some cases in which parents have attempted temporarily to go on alone (e.g., Pieper, 1977). The second is a road effectively blocked for parents given professional monopoly in the delivery of services to handicapped children.

The other two mechanisms available for bringing imbalanced relations into balance center upon increasing professional's dependence on parents. Following Emerson (1962), this would involve increasing the professional's motivational investment in goals mediated by parents and/or denying the professional access to alternative sources for goal achievement. To what extent are these viable alternatives within the context of current parent-professional relationships? Superficial consideration of this question might lead one to suggest that the idea of decreasing professional dominance by increasing professional dependence on parents is unrealistic. But, is it? To answer this question thoroughly requires examination of the implications of each of the alternative balancing operations.

Increasing the Professional's Motivational Investment

Increasing the professional's motivational investment in goals mediated by parents might imply several things. Most importantly, it would imply that professionals come to see parents as contributing something of value to the treatment or education of their children. Moreover, this contribution must be perceived as equally important or central to the child's development as the

professional's contribution. Herein lies the problem with attempting to address the power-dependence imbalance solely through the use of this mechanism.

On one level, professionals already superficially acknowledge that parents often know more about their children than the professional. Theoretically, this knowledge represents a valued commodity to the professional in his/her diagnostic efforts, program planning, etc. Yet, in practice, many professionals ignore the validity of that information. Why?

It may be suggested that the structure and ideology of professions mitigate against placing high value on the parent's (client's) contribution. This is apparent when we examine the concept of professional authority. In our society, the professional's authority over his/her client is based upon: (1) the premise that the professional possesses the specialized, technical knowledge or expertise necessary to address the problem presented by the client; and, (2) the simultaneous assumption that the client is comparatively ignorant in that regard (e.g., Greenwood, 1957, 1972; Friedson,1970). Greenwood (1957, 1972: 4) describes the attribution of authority in the following manner:

> In a professional relationship, the professional dictates what is good or evil for the client. . . . Here the premise is that, because he lacks the requisite theoretical background, the client cannot diagnose his own needs or discriminate among the range of possibilities for meeting them. Nor is the client considered able to evaluate the caliber of the professional services he receives.

In other words, the professional's authority in an ongoing relationship with a client is based on the presumption that in all

service-related matter, the professional is infinitely wiser than the client as a function of his/her training in the matter at hand and the client's lack of similar credentials.

This definition of the situation has far-reaching implications for increasing professional investment in the information parents could provide and thus, ultimately, for any attempts to incorporate parents as full team members in the treatment or education of their children. To redefine parental knowledge as equally important information would directly challenge the concept of professional authority and may be perceived as undermining the very definition of expert (Gliedman and Roth, 1980).

Thus, attempts to change the lack of balance in parent-professional relationships by this mechanism would require a restructuring of professional education to revise the definition of the proper role of the expert. There is some minor movement in that direction now, as reflected in textbooks for professional education (e.g., Scheiner and Abroms, 1980; Acardo and Capute, 1979). However, as a major target for equalizing the ongoing structure of the situation, this mechanism is not all that promising. As Gliedman and Roth (1980: 167) suggest:

> . . . experience suggests that professional education is far more resistant to major changes than society at large--at least when these changes involve a redefinition of the professional's role that stringently reduces his power and authority. Moreover, even were such Draconian reforms in professional education possible, it seems likely that the many structural, cognitive, and perceptual factors that help maintain professional dominance in the parent-professional relationship would inevitably resocialize the professional back into the same patterns that characterize his behavior today.

If directly changing the motivational investment of professionals is unlikely to produce effective outcomes, what are the possibilities for increasing professional dependence on parents by decreasing his/her options for goal achievement? Consideration is now turned to that question.

Limiting the Professional's Alternatives

The second option available for balancing the unbalanced power-dependence between professionals and parents focuses upon the availability of options for goal fulfillment outside the relationship. What does this entail? As suggested earlier, professionals involved in the delivery of services to handicapped children do not seek out parents, they are sought out. Thus, the professional is in a position to enforce his/her dominance in the situation because the demand for services provides numerous options for career advancement. Furthermore, most of thse parents (clients) interact with the professional as isolated individuals. As such, they are relatively ineffectual in any attempt to assert their views or preferences. Yet, if the parents of handicapped children were to join forces they would simultaneously increase the strength of their common voice and limit the alternatives available for goal achievement to the professional.

Basically, then, decreasing the professional's alternatives for goal achievement entails coalition formation among parents. In other words, through collectivization, parents may be able to alter the current power imbalance in their relationships with professionals. This may be the most important, and potentially

effective, move parents can make. As Gliedman and Roth (1980: 70) suggest:

> . . . Perhaps more than anything else, it is essential that parents of handicapped children organize themselves into self-help groups. . . . ,membership in active local groups is likely to exert a subtle influence upon the weight professionals give to establishing a mutually satisfying relationships with the parent. Viewed as isolated individuals, few parents are likely to seem important enough to the average professional to have much influence on his future career. As the member of a group of powerful local parents' organizations, the parent's ability to influence the professional's career prospects is greatly enhanced. Something of the deference that characterizes the professional's relationship to the lay admininstrator may enter into the service relationship. . . . Most people adjust their behavior to reflect the prevailing structural asymmetries in a relationship. What seem "inappropriate," "unreasonable," and a threat to professional privilege when the deck is stacked in the professional's favor may seem only natural and appropriate when the professional senses that his career depends as much upon parental satisfaction as it depends upon the relationships with his colleagues.

From the above description, it appears that this mechanism for balancing the relationship between parents and professionals might be feasible. Furthermore, it suggests that once effective coalitions are in place, then, it might also be possible to change the definition of professional's authority and to increase professional acceptance of the value of parental contributions.

It may be suggested that parents are becoming increasingly aware of the need for this type of movement. Parent groups such as the Association for Retarded Citizens, Association of Children with Learning Disabilities, Pilot Parents, United Cerebral Palsy, and others have all developed partially in response to the problems considered here. Indeed, the coalition of these types of groups was partly responsible for the adoption of Public Law 94-142, the

Education for All Handicapped Children Act of 1975. Even now, these groups are realizing that the legislation is not enough to bring about full parental involvement and they are reaching out to build stronger links across disabilities to advocate for their children. Books such as How to Organize an Effective Parent/Advocacy Group and Move Bureaucracies (Coordinating Council for Handicapped Children, 1980) attest to such movement.

It appears that if the curent imbalance in parent-professional relationships is to become balanced it will be in response to effective coalition formation on the part of parents.

In addition to addressing the issue of power imbalance, these groups can also provide a wealth of information for both parents and professionals. For parents, they can provide moral support in a community of persons with similar problems and a source of information not directly tied to professional referrals and suggestions. For professionals, such groups could provide invaluable assistance in helping new parents come to grip with the fact that their child is handicapped. As one source puts it (Porter, 1978: 1-2):

> Parents who experience the "crisis of acceptance" can be helped in a unique way by parents who have overcome the difficulty of accepting the fact that their child is handicapped. The experienced parents offer something that other support systems. . .cannot provide: the fact that they are intimately familiar with the emotions and real problems that having a handicapped child presents to the new and bewildered parents.

Furthermore, if parents, through the mechanism of coalition formation, are able to gain a more equitable position in their interactions with professionals, then the concept of true teamwork

with all members contributing their unique expertise may one day become a reality. At present, though, that day is not with us.

Summary and Implications

The purpose of this paper was to explore some of the structural dynamics operative in parent-professional interaction with regard to children who are handicapped as these dynamics interfere in attempts to incorporate parents as team members in habilitation of such children. This preliminary consideration of the obstacles to effective parent-professional collaboration suggests that the basic problem is a structural inequality between parents and professionals which mitigates against full participation of parents. It further suggests that failure to take this disjuncture into account results in ineffective strategies and admonitions aimed at implementing the concept of parents as team members. By recognizing this inherent imbalance of power-dependence between parents and professionals, it was possible to suggest possible grounds for addressing the problem. Primarily, it was posited that the formation of parent coalitions holds the key to effective parent-professional collaboration.

Of course, this analysis represents an over-simplification of all of the complexities involved in the dynamics of parent-professional interaction. For example, no consideration was given to the organizational context in which this interaction takes place. Obviously, such a factor is highly salient in affecting the dynamics of the situation. Likewise, I have not

dealt with the numerous variations in parental ethnic and status characteristics which could serve to accentuate or attenuate the structural imbalance discussed. Additionally, attention was not directed to the intra-professional variations in definitions of the proper role of the professional. All of these, and others, are relevant to the considerations at hand. Their omission was required so as to facilitate consideration of the basic parameters of the interactional process. Such omission does not imply irrelevance.

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